

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/595,886-Conf. #8580
	Filing Date	November 26, 2004
	First Named Inventor	Hyo-Chung Lee
	Art Unit	2873
	Examiner Name	J. R. Greece
	Attorney Docket Number	17187/025001

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.
OR
☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:
☒ The address associated with Customer Number:
OR
☐ Firm or Individual Name

Address
City
Country State Zip
Telephone Email

I am the:
☐ Applicant/Inventor.
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature
Name Bruno BERGE
Date October 8, 2008 Telephone 011 33 (0)4 37 65 35 31

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 3 forms are submitted.